

MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH
OFFICE OF FINANCIAL AND INSURANCE SERVICES

ACE-NET REPORT FORM

INSTRUCTIONS: This form must be filed to comply with the ACE-NET exemption from registration pursuant to Section 402(b)(20) of the Michigan Uniform Securities Act. The Report must be filed within 15 days of the first Michigan sale by the Issuer and must be signed by an authorized agent or representative.

Issuer	Address	
Description of Securities		
Date that offering was initiated in Michigan		
Signature of Authorized Agent or Representative	Title	Date Signed

RETURN TO:

Michigan Department of Labor & Economic Growth
Office of Financial and Insurance Services
Securities Section
P.O. Box 30701
Lansing, MI 48909

MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH
OFFICE OF FINANCIAL AND INSURANCE SERVICES

Consent to Service of Process

KNOW ALL MEN BY THESE PRESENTS:

That _____ a/an _____
(issuer) (designate whether issuer is an individual or an organization)
of _____
(number, street, city, state and zip code)

for the purpose of complying with the laws of the state of Michigan, hereby irrevocably appoints the Commissioner of the Office of Financial and Insurance Services of the Michigan Department of Labor & Economic Growth, or the Commissioner's successor in office, to be the applicant's attorney to receive service of any lawful process in any noncriminal suit, action or proceeding against applicant, its successor, executor or administrator, which may arise under the Michigan Uniform Securities Act (being Act 265 of the Public Acts of 1964, as amended) or any rule or order thereunder after the filing hereof: and the applicant does hereby consent that any such suit, action or proceeding against applicant may be commenced in any court of competent jurisdiction and proper venue within the State of Michigan by service of process upon the said Commissioner with the same force and validity as if served upon the applicant by service personally on its president or other chief officer, if a corporation, or one of its members if a limited liability company, or on one of its partners, if a partnership, or on one of its trustees, if a trust, or on the individual, if an individual.

Signature	Title	Date
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State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____ A.D.

Notary Public

County of _____ State of _____



Michigan Department of Labor & Economic Growth

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Visit OFIS online at: www.michigan.gov/ofis

Phone OFIS toll-free at: 1-877-999-6442